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May 11, 2006

*from WILLIAM A. JIVIDEN*Direct: 937-449-6448 / Fax: 937-223-0724 / william.jividen@dinshohlllp.com

To:	Examiner Lois L. Zheng		
Firm:	MAIL STOP AMENDMENT COMMISSIONER FOR PATENTS		
Fax Number:	571/273-8300		
Client Number:	UVD 0299 IA/40815.399		
Pages: (including cover)	60		
Comments:	<i>OFFICIAL</i>	<i>OFFICIAL</i>	<i>OFFICIAL</i>
Applicant(s)	: Phelps, et al.		
Serial No.	: 10/625,886		
Filed	: July 23, 2003		
Title	: NON-TOXIC CORROSION-PROTECTION RINSES AND SEALS BASED ON RARE EARTH ELEMENTS		
Docket No.	: UVD 0299 IA / UD 268		
Examiner	: L. Zheng		
Art Unit	: 1742		

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002/060

PTO/USMFT-5020-04
Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4618).**

FEE TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT	(\$)	260.00
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<i>Complete if Known</i>	
Application Number	10/625,886
Filing Date	July 23, 2003
First Named Inventor	Andrew W. Phelps
Examiner Name	Lois L. Zheng
Art Unit	1742
Attorney Docket No.	UVQ 0299 IA/UD 268

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: _____ Deposit Account Name: _____

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments
under 37 CFR 1.16 and 1.17

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fee Paid (\$)</u>
	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Fee (\$) Fee (\$)

50 25

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

200 100

Multiple dependent claims

360 180

Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims

Fee (\$) Fee Paid (\$)

- 20 or HP = _____ x _____ = _____

HP = highest number of total claims paid for, if greater than 20

Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) _____

- 3 or HP = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)

- 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)

- 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Terminal Disclaimers (2) Fee Paid (\$)

260.00

SUBMITTED BY		Registration No. 42,685	Telephone (937) 449-6400
Signature		(Attorney/Agent)	
Name (Print/Type)	William A. Javden		Date 05/11/2006

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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003/060

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PTO/SB/17 (12-04)

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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FEE TRANSMITTAL For FY 2005		Complete if Known	
		Application Number	10/625,886
		Filing Date	July 23, 2003
		First Named Inventor	Andrew W. Phelps
		Examiner Name	Lois L. Zheng
		Art Unit	1742
		Attorney Docket No.	UVD 0289 IA/UD 268
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT		(\$)	260.00

METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input checked="" type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input type="checkbox"/> Deposit Account		Deposit Account Number: _____		Deposit Account Name: _____
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
<input type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17		<input type="checkbox"/> Credit any overpayments		

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Plant	200	100	300	150	160	80	_____
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Fee (\$)

50 25

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Multiple dependent claims

360 180

Total Claims

Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
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- 20 or HP = _____ x _____ = _____

Fee (\$)	Fee Paid (\$)
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Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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- 3 or HP = _____ x _____ = _____

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Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
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_____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

Fee Paid (\$)

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Terminal Disclaimers (2) _____

260.00

SUBMITTED BY		Registration No. 42,695	Telephone (937) 449-6400
Signature		(Attorney/Agent)	Date 05/11/2006
Name (Print/Type)	William A. Javidin		

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